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ABSTRACT

This model proposes a Montessori schooling approach for the children of alcoholics because this approach helps the child develop his self-esteem and concentration; acquire a sense of order, mastery and control over his environment; and separate fact from fantasy. The model assumes that alcoholic parents, responding to the dehabilitative effects of alcohol abuse, have difficulty interpreting reality to their children and are ineffective as appropriate role models for their children. The model further proposes that when an alcoholism program expands its role as therapeutic agent to include the children of clients, treatment of the alcoholic parent and family life are enhanced. Also included in this paper are descriptions of: (1) how the model was generated; (2) historical data regarding the Montessori approach; (3) aspects of the Montessori approach particularly relevant to the needs of children of alcoholics; (4) a Montessori curriculum and classroom environment. (RF)

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SOCIAL WORK IN FAMILY LIFE ENRICHMENT: THE CHILDREN OF ALCOHOLICS — A MONTESSORI APPROACH

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I. IDENTIFICATION OF THE PROBLEM AREA

The Texas Commission on Alcoholism projects that there are approximately 1,050,271 children of alcoholics in the state of Texas.[1] Of that number, I calculate that there are roughly 642,000 under the age of 12.[2] These children are not generally served by alcoholism agencies nor self-help groups. Therefore, the unacknowledged casualty in a family's denial system of alcohol abuse is often the young child, who has difficulty deciphering fact from fantasy. Because alcohol affects the reasoning and perceptual abilities of the brain, addicted parents cannot accurately act as interpreters of reality to their children. This coupled with parental injunctions of "don't think," "don't feel," "don't try," etc. leads to mindlessness, powerlessness, and hopelessness. The ineffectiveness of these parents as appropriate role models is reflected statistically in the greater probability of these children, themselves, to become alcoholics.[3] Parental errors of omission and commission appear to be cumulatively deterimental. Addictive parents, responding to the dehabilitative effects of alcohol abuse, have difficulty navigating developmental nodal points. Alcoholism programs are in a position to act as a guide, especially when parents

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1 *Paper presented at the 2nd Annual Statewide NASW Convention, San Antonio, Texas, October 23, 1977.

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have unrealistic expectations of their children. In addition, early intervention leads to early diagnosis of potential emotional, physical, and perceptual problems. When an alcoholism program expands its role as therapeutic agent to include the children of clients, family life can be greatly enriched. The Montessori approach is ideal for treating the children of alcoholics. Parents need to understand the child's world and respect it.

Conversely, children need to be acquainted with the intense difficulty of solving some of the tough human problems surrounding alcoholism and the pressing need for the total family effort. I have found that by involving every member of the household, including young children, at the outset, we can avoid the perennial conflicts and battles that are precipitated, when alcohol abuse is abated. It is easy to overlook the fact that most families actually prefer the "adaptive function" of alcohol abuse.[4] Counselors frequently hear comments such as "I liked Daddy better, when he was drinking and would forget things." In effect, what began as a necessary and overdue attack on the idea that if the alcoholic ceased the maladaptive drinking pattern, the family system would change to the better has turned to the opposite. Families attempt to maintain the status quo[5] in the same way that the human organism maintains homeostasis. Young children, as well as any member in the family constellation resist change. These children seem to manifest more anxiety and have a repertoire of dysfunctional behavioral mechanisms than other children. I have observed this special population to have great discontinutities in performance. As with abused children, they are overly sensitive to the social climate. It is as if the focus of their choice-making mechanism lies outside of themselves, as indeed it may be so, in most alcoholic households. These children look to adults to provide them with direction, motivation, and permission. Children of alcoholics appear to be mixed up in finding the location of their experience—thoughts, feelings and behaviors are not clearly established and they, therefore; have a difficult time in making an appropriate choice. Perhaps, an important issue to be raised in addressing the plight of these children requires the redefinition of a multitude of things, including, for example, the social service adaptations necessary to facilitate incorporation of the child in the delivery of services.

Beginning with this as a real treatment problem, the breakdown of service to children in need, the rationale and basic design of the Montessori room was developed. The incipient focus was to link positive behavioral changes on the part of young children into the family system. Further, because of the high correlation between alcoholism and child abuse, parents were encouraged to bring their children. Free child care was provided evenings at peak hours. During the day, the Montessori room soon became utilized in various other ways. For example, if a parent could not make alternative child care arrangements, adult

co-ed groups elected to meet in the Montessori room with the child. Parents were not precluded from treatment because of lack of child care. In addition, the women's group chose to meet permanently in the Montessori room and freely invited members to bring their little ones to therapy. Parenting developed into a communal effort, and more positive approaches to children were explored and adapted. Since the didactic material can be easily arranged to be age appropriate, children quckly engaged in a chosen activity. Rather than hindering the group process, the presence of young children enhanced it. This added new dimensions to my thinking and led to basic programatic changes in conceptualization and approach.

Some of what is happening in the Montessori room is relatively simple, a matter of examining a problem from a new perspective - a simple willingness to commit enough resources to do an important job. In this living laboratory/classroom, pedagogical problems are distinguished from medical problems. Many of these children have not had an opportunity to learn appropriate behavior. As a consequence, they show lower frustration thresholds and are maladaptive in coping with stress. Because of a poor self-image, they are failure-oriented with no cohesive sense of self. Frustrated by their inability to find a solution to their problems, they despair, and thus lose hope. The Montessori environment stimulates a child to self-ordering. A child may select an activity from many workable choices, work with it, and put it back. In this manner he has an opportunity to become a "selfactualizing individual." A pragmatic assumption discerned in this new inclusion of children, is an inference that we have found a resource for children of alcoholics and a plan that provides for full participation of the total family.

II. HISTORICAL DATA

An historical overview on the life of Dr. Maria Montessori will enhance our understanding of the origin and development of scientific pedagogy as well as the basis for its theoretical application to the children of alcoholics.

Maria Montessori was born in 1870 in the province of Ancona, Italy. At 16 years old, she found the integral key which would liberate her from the confines of the teaching profession, the only career open to women at that time. She enrolled into a technical school with the thought of becoming an engineer. Her father strongly opposed this choice, as technical schools were male domains. Despite constant harassment because of her sex, she graduated. At this point in her life, she recharted her goal and decided to become a physician. Women were not allowed to study medicine; however, and after being refused admission to medical school, she persisted and was finally accepted. When she graduated with "double honors" in medicine and surgery, she became the first female doctor of medicine in Italy.

Montessori's next two years were spent in hospital work, specializing in nervous and mental diseases. She became interested in retarded children and researched the works of Dr. Itard and Dr. Séguin. Using the insights of these two physician-educators, she worked for two years, educating retarded children. She developed a methodology which succeeded in teaching a number of the retardates from the asylum to read and write. When the retardates were presented at a public school for an examination together with normal children and passed, the world was amazed. She wrote:

> While everyone was admiring the progress of my . . . (retardates), I was searching for the reasons which could keep the happy healthy children of the common schools on so low a plane that they could be equaled in tests of intelligence by my unfortunate pupils![6]

In order to broaden her knowledge base in the field of child psychiatry, Montessori returned to the University of Rome and studied philosophy, psychology, and anthropology. She published research in technical journals on the nervous diseases of children. It was during this time that she wrote, *The Pedagogical Anthropology*. She viewed her 10 years of work in scientific pedagogy as:

> a summing up of the forty years of work done by Itard and Séguin . . . I feel that I am not wrong in saying that these experiments represent the successive work of three physicians, who from Itard to me show in greater or less degree the first steps along the path of psychiatry.[7]

Montessori had been influenced by Guiseppi Sergi, who advocated that anthropologists leave the study of abnormal persons and begin to work scientifically with normal persons. She wrote:

> . . . after I had left the school for deficients, and little by little, I became convinced that similar methods applied to normal children would develop or set free their personality in a marvelous and surprising way.[8]

This opportunity presented itself in 1907, when Montessori's work was brought to the attention of a slum landlord. He prevailed upon her to open a day-care center in his new building which was in a housing project in a Roman slum. His goal was to stop the destructiveness of the young children, who were not yet old enough to attend the public school. Montessori saw this as an opportunity to work with normal children. When she saw her new pupils, she described them as:

> . . . tearful, frightened children, so timid that I could not get them to speak. Their faces were expressionless, their eyes bewildered as if they had never seen anything before in their lives.[9]

(This description has been sadly fitting to some of the children of alcoholics with whom I have worked.) With the didactic material which Montessori had

designed for the retarded, the children developed a great degree of concentration. This was possible because the child was encouraged in his drive for independence and self-determination. Montessori observed sponteneous activity, when coupled with sensory development, helped to provide children with conceptual frameworks. Such conceptualization is necessary to convert an impression into a meaning. This is compatable with Piaget's work in the development of logical intelligence which begins in the sensory-motor stage.[10] Information is taken in by the infant through sensory-motor systems from actions which he instigates upon objects in the environment. Through developing mental structures to the information, it is accommodated and thereafter internalized. Montessori postulated that didactic equipment which stimulates sensory training is actually fostering logical thought. By isolating the difficulty in her materials, she limited the concept to be learned. In this manner, by narrowing one aspect of reality, she was able logically to present concepts, going from the concrete to the abstract.

Piaget recognized that the young child's unequal struggle for selfaffirmation generally precludes his entering into groups. Although the child, under the age of eight, rarely "constellates" in groups larger than three, this does not prevent an effort by the worker to support and expand the child's interaction with his environment. With its problem-solving focus, the Montessori model may have important implications in the search for a more relevant treatment mode, suited to a young child's needs in a group setting. Most child developmentalists recognize that reciprocity is essential for healthy development. White points out that the child's sense of self-esteem grows with his competence in mastering and affecting his world of things and people. White observed:

> Our knowledge consists of the several consequences of our several actions; it is a knowledge, in other words, of action possibilities . . . Concepts consist of information that is coded for action . . . Effects produced without focalized attention, intention, and directed effort . . . Seem to have happened to us: they are not felt as products of ourselves as agents.[11]

It becomes important, therefore, in the development of the observing ego, that the child should have a focused experience of himself as an agent of change.[12] The child must interact with his environment and get a response from it. As Piaget suggests, to find out what the child is doing, engage him in a conversation while the child is working with materials, because he can show you, even if he cannot tell you what he is up to.

The concept of the "prepared environment" of Dr. Maria Montessori, like the "responsive environment" of Dr. Omar K. Moore,[13] is designed by the worker in advance of a child's entry into it. It is the physical, social and psychological situation programed for the child in order to enhance his opportunity to learn.

III. VALUE OF THIS APPROACH

Children of alcoholics frequently do not develop the ability to control their environment. Too often, these children are the helpless victims of outer forces, and curiosity, the vital force behind learning, is discouraged. Poor impulse control is the result of insurmountable obstacles inherent in a chaotic, alcoholic household. In contrast, the negative feelings of children appear to be allayed when they can depend upon themselves in a stable environment such as the Montessori room. The child is urged toward a maximum utilization of his potentialities and extended habits of concentration are cultivated. Margaret Hindman writes:

> Preliminary research data confirm the observations of professionals in the field that these youngsters have a poor self-concept, are easily frustrated, often perform poorly in school, and are more likely than their peers to suffer from adjustment problems . . .[14]

The threat of passive or active rejection and punishment is a constant factor in the life of a child in an alcoholic household. With this looming, protentous element, it is understandable that these children have uphill work in attempting to internalize a personal criterion of success and excellence. When the mind becomes easily frustrated and blunted, frenetic behavior become an established pattern and the child is failure prone. One contributing element to the emotional problems of these children is that:

> The focus of family life is on the alcoholism, the experts note, and children are often ignored or neglected, disciplined inconsistently, and given few concrete limits and guidelines for behavior. In addition, the family is generally isolated from other members of the community. Because of the alcoholism problem, there are few family outings or group activities at home. Friendships are often avoided by both the nonalcoholic spouse and the children because they are ashamed of the presence of alcoholism in their family.[15]

Dr. Ruth Fox comments:

> When children become aware of the social stigma surrounding alcoholism, they feel different, estranged, isolated and ashamed, and often do not wish to go out as a family.[16]

The Montessori approach is ideal for treating the children of alcoholics for its most important single result is the normalization of the child. It is designed to help the child achieve a sense of self-mastery and supports the child's quest for independence. It emphasizes, the principle that sense-experiences should be utilized. Since all information comes to the child through his senses, and since the differential perception of stimuli has been discouraged in most alcoholic households, it would follow that an approach which utilizes sense-training by

means of didactic apparatus would be of great benefit.

The Montessori method is particularly fruitful in promoting parenting skills for two reasons. First, the program is based on self-corrective activities which are oriented toward attention to detail and concentration on the task at hand. Interruptions by peers, teachers, and parents are minimal, a situation vastly different from the typically distractive home where there is alcoholism. Second, the program involves active manipulation of concrete objects in learning discrimination, ordering, and classification skills. The Montessori materials are introduced to the children individually in brief lessons. The children learn to use the teacher as a resource person rather than as an authority figure and independence and self-care are encouraged. Because the materials are self- correcting, mistakes become a private matter and fragile feelings of competence are protected. In contrast, to the unpredictibility of an alcoholic household, a child can select an activity with security that he can carry it through to completion or repeat it, depending upon his desire, undisturbed by others.

"A child's work," wrote Montessori, "is to create the man he will become. An adult works to perfect the environment, but a child works to perfect himself." Children simply experience life differently from adults. Most adults consider everything that affects the child from the standpoint of their reference to themselves. Thus, the child is misunderstood. Psychology and its practical applications have predominately failed to distinguish clearly between the adult who "is" and the child, who is in the process of "becoming." By disregarding this important difference, the personality of the child is cancelled out. Criticism has been leveled against this phenomenon by Dr. Bruno Bettelheim who wrote:

> This is the tragedy of so much "child psychology": its findings are correct and important, but do not benefit the child. Psychological discoveries aid the adult in comprehending the child from within an adult's frame of reference. But such adult understanding of the machinations of a child's mind often increases the gap between them — the two seem to look at the same phenomenon from such different points of view that each sees something quite different. If the adult insists that the way he sees things is correct — as it may well be, seen objectively and with adult knowledge — this gives the child a hopeless feeling that there is no use in trying to arrive at a common understanding. Knowing who holds the power, the child, to avoid trouble and have his peace, says that he agrees with the adult, and is then forced to go it alone.[17]

The Montessori approach is distinctive. The child can choose a task and progress at his own rate with only the help and advice which he requests.

IV. STRUCTURING THE ENVIRONMENT

A. *Practical Life Exercises*

It is through the practical life exercises that the child first acquire the power of concentration. These exercises teach the child to return materials to their porpoer place on the shelves, to take his turn, and to demonstrate respect for others through courtesy. The child learns to snap and unsnap, polish shoes, transfer water by a sponge, water plants, and polish brass. The child gains control over his environment and becomes aware of his power over it. These exercises require the use of the whole body. The child's muscles are mobilized through various movements carried out in the prepared environment. The child understands that he participates in these activities through his own choice and not because an adult has coerced him to do so. Walking on the line, for example, helps him learn to balance. The movement of walking is also perfected. When the child puts his toe and heel carefully on the line, he must concentrate. After he has accomplished that, concurrent exercises are introduced such as holding a flag, while walking on the line. As a child becomes absorbed in an activity such as doing the dishes, he learns to pay attention to details through a sequence of actions. Gradually his concentration span is lengthened and his sense of mastery is reinforced. Children at 3 to 5 years of age very much desire the use of their voluntary muscles. The prepared environment offers the child the opportunity to take advantage of the sensitive period through which he is passing. It provides purposeful activities which feed the intelligence.

B. *Sensorial Exercises*

The importance of sense development was discussed by J. McV. Hunt in his introduction to *The Montessori Method* wherein he states:

> . . . recent evidence appears to indicate that the role of the eyes and the ears, and perhaps the tactile organs, may be much more important in the organisms' on-going informational interaction with the environment than are the motor outlets.[18]

This is particularly true during the first few years of life when sensory stimulation appears to trigger maximum development in later years. With the sound cylinders the child can learn to match and grade sounds. The basic procedure for the presentation of sensory materials is to first contrast, then to match and finally to grade these materials. By the use of touch a child can try to recognize an object by the feel of it. By these exercises a child will discover fundamental structual truths and become a "perceptually prepared" young adult.

C. *Language*

Language is important to these children, who often lack the language to describe their experience. Verbal accessibility is a stable characteristic of the

personality and it is linked with some central aspects of the child's personality.[19] Verbal accessibility is not simply the amount of talking done by a child, but rather the child's ability to discuss and let others discuss with him important feelings and attitudes.[20] It is easy to conclude, therefore, than an increase in verbal accessibility would be not only an indication of greater readiness to promote treatment but it is, in turn, a means toward treatability.[21] A child's ability to communicate in words, spoken and written, strongly influences his social development and success in school. Montessori emphasized the development of a positive self-image through work. She wrote, "Never allow a child to risk failure, unless he has a reasonable chance of success." This emphasis has special meaning for the children of alcoholics. Surrounded as the child is likely to be by despair and defeat, there is frequently little opportunity for him to develop trust in life or in his own powers. Learning sounds of letters, through tracing the sandpaper letters combines visual and tactile senses. This is preparatory to writing and reading.

D. *Mathematics*

Mathematics is a particular language which deals with quantities, magnitudes, and forms.[22] It deals with their relationships or attributes by the use of numbers and symbols. When mathematics is presented in schools, it is frequently at an abstract level, and the children of alcoholics may have greater difficulty with the techniques of calculation due to their higher anxiety level than other children. Montessori believed in isolating the difficulty being taught and her mathematical apparatus clearly demonstrates this. For example, *four* has three different functions: first, the numerical function of four which is its symbol 4. Second, the cardinal function of four. This involves perceiving the total amount which is represented by a group or set being measured. For example, "there are four children in your family." Last, the ordinal function of four which is used to identify a point in a sequence such as "my favorite cousin is fourth in your family."

The cardinal function is presented in a set of 10 rods. These vary in length from one decimeter to one meter. They are painted red or blue alternately. The child actually sees 4 as a total quantity. This can be compared with the other total quantities. The child gets accustomed to thinking of a total quantity as one separate entity.

The ordinal function of numbers is introduced by the Montessori spindle boxes. These are two boxes. Each box has five separate compartments which are marked with numerals 0 to 9. Forty-five spindles are sorted into the appropriate compartments. Zero as an empty set is a difficult concept for young children to learn. Another aim of this exercise, is to present the idea of adding "one more" sequentially from loose sets. Each numeral is paired with its correct quantity.

V. PEDAGOGICAL AND PSYCHOLOGICAL THOUGHTS

Frequently, children of alcoholics suffer from "delusions of uniqueness." This is a widespread and crippling notion that they are completely different from everybody else and are, therefore, strange and inferior. Add to this, the isolation of the family as well as the "family secret" of alcoholism for which they may feel personally responsible, and the magnitude of the problem for these children becomes apparent. "If only I had taken out the garbage this morning, Mom just wouldn't have taken that first drink," or "Only *I* can stop him from drinking. Mom says I shouldn't talk about it. I'm so ashamed." Role playing with or without puppets is highly effective in helping children of alcoholics work through their problems. Another process by which the worker can help children explore their behaviors, thoughts and feelings is in the magic circle.[23] This focuses on a developmental model in which emotional and social growth is promoted. When a child becomes in touch with himself, he can become more responsible for his behavior. For example, "Can you bring me something in this room that gives you a pleasant feeling?" or more abstractly, "can you tell me of a time, when you had an unpleasant feeling?"

In addition to the social, psychological, and physical deprivations which is the lot of many children of alcoholic parents, the child's encounters in the regular classroom can be a repeatedly negative experience. This may be due to the many deviate factors in an alcoholic household. For example, the relationship between alcohol and violence is well documented. It is no wonder that these children are unable to function at their optimum levels. Because of anxiety or depression, they are likely to repeatedly experience scholastic failure after failure. Children of alcoholics need to learn "how to learn" in order to reverse their low self-concepts. Learning how to learn is the true business of childhood.

The often heard plea of young children is "Please Mom, I want to do it myself." This is a manifestation of the child's need and strong drive toward independence. To thwart this drive is to cause frustration in the child. Many alcoholic parents treat their children as if they were "deaf and dumb," and with pressure toward conformity with the closed mother-and-child relationship, an alcoholic mother will have an enormous impact on her children. Especially, if she considers everything that affects the psyche of the child from the reference to herself, which being chemically addicted, is distorted in every respect. An alcoholic parent, whose sense of perception, reasoning capacity, and motor coordination have been adversely affected by alcohol - when such an adult becomes the interpreter of reality to the child and treats the child as an empty being, which the adult must fill by his own endeavors, as inert and incapable - when this alcoholic adult with great speed corrects the child, he or she effectively cancels out the child's personality. It is tragic to find that in so doing,

these parents feel a great inner conviction of love and sacrifice.

A child from an alcoholic family drew a picture of himself. It is important to note that his self-portrait had no arms. How perfectly he depicted his feelings of helplessness wherein he felt powerless to make things change. He did, however, draw long, strong, legs. In point of fact, he had run away from home a number of times. This child needed treatment as much as his parents.

Working with material successfully, learning difficult concepts, can be ego-enhancing. Counting by hundreds, learning the concepts of ten squared equals one, one hundred . . . to working with cubes and learning the language of the decimal system is like being introduced to a new world. Praise is not intrinsically helpful for it can be dependancy creating. Better that a child can will an action and carry it through to completion. This gives the child the feeling of competency which he has earned for himself. Children of alcoholics need to develop the habit of success for they frequently have encountered a great deal of failure before coming to the Montessori room. Mastery of skills in the protected environment leads to self-confidence which can be transferred to the environment, outside the treatment program.[24]

One principal intervention strategy is play. Montessori said, "A child's play is an adult's work." This accords respect to the work of children for it, too, is serious business. The room is decentralized. Children "shop around" for material which catches their attention.[25] One basic ground rule is that no child touches the work of another nor interferes, in any manner, with another's activity. Children are not forced to share. Since a child may only work with another, if invited, the final responsibility of returning materials to their rightful place on the shelf is clearly deliniated. Further, the social process is not inforced from an adult, but reinforced by the child, himself, working with other children. Another ground rule is that material must be returned to its place on the shelf in the condition in which it was found. Also, children work on small rugs on the floor as this clearly defines "islands" which belong to each learner. In this way, each can find the pulse to his own learning style and can progress with different materials, undistrubed, at his own rate in a place which he set aside for his own use. Peer group pressure reinforces the maintenance of the room as well as teachers social responsibility.

Eric Erikson's only formal education was his teching certificate from the Maria Montessori school. Many believe that his epigenetic view of child development is a consequence of that experience.

> Freud spoke of universal stages of emotional development. Piaget speaks in terms of universal stages of intellectual development. Montessori spoke of universal sensitivities in children as they develop themselves into members of their own culture. The needs of children in the development of

themselves are the same the world over. The pressures brought to bear on them vary from culture to culture.[26]

If the young of alcoholics are to break the alcoholic life styles that perpetuate generation to generation, it is imperative that they develop their potential for creativity, initiative, independence, inner discipline and self-confidence. Montessori responded to the universal needs of youth as they gain the freedom of expression to soar into members of their own culture.

CELYNN McDONALD-JAY was born in Detroit, Michigan. She entered the University of the Americas, at Mexico, D.F., where she was elected to "Who's Who Among Students in American Colleges and Universities" and was graduated with the degree of Bachelor of Arts in Philosophy. Under the auspices of research grants from the U.C.L.A. Academic Senate, and the Research Committee of the School of Public Health, *Self-Help and Rehabilitation: An Annotated Bibliography* was published by U.C.L.A. School of Public Health, compiled by Celynn McDonald, B.A., Alfred H. Katz, D.S.W., and Jacqueline Husek, M.A. She attended Loyola University School of Law at Los Angeles where she was on the Dean's List and was candidate for Law Review. She also attended University of California, Los Angeles, School of Law. She entered the Los Angeles Montessori Teacher Training program and earned an AMS Montessori Primary Diploma. She was a law clerk and tax accountant previous to earning her certification as a Montessori teacher. Ms. McDonald-Jay introduced the Montessori method into non-Montessori schools for two years before entering Indiana University School of Social Services and graduated from the School of Social Work at the University of Texas at Arlington with a Masters of Science in Social Work. She was owner and operator of Celynn McDonald Advertising and Public Relations Agency in Hollywood, California. Currently, she is the coordinator of Alcoholism Services, Dallas County Mental Health-Mental Retardation Center. Formerly, she was a psychotherapist with Trinity Valley Mental Health-Mental Retardation. She is a licensed social psychotherapist and in the Academy of Certified Social Workers. She is a member of the American Montessori Society, National Association of Social Workers, Zonta Internation; where she chairs the community affairs committee, Fort Worth Business and Professional Women, International Good Neighbor Council and is a Board member of the Rape Crisis Support Center of Ft. Worth. She was elected to the Steering Committee of the Texas Task Force on Women and Alcohol, representing North Texas and is chairwoman of the childcare committee.

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